

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 17 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030524**

1. Corporation Name

AS THE WORLD TOURS & TRAVELS, INC.

2. Principal Office Address

10033-9th St. No.

Suite, Apt. #, etc.

1st. FLOOR

City & State

ST. PETERSBURG, FL

Zip

33714

Country

USA

3. Mailing Office Address

10033-9th St. No.

Suite, Apt. #, etc.

1st. FLOOR

City & State

ST. PETERSBURG, FL

Zip

33714

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-9-94

5. FEI Number

59-3240743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARBARA J. PATTERSON

600005864576-7

Street Address (P.O. Box Number is Not Acceptable)

10033-9th St. No.

06/13/02--01063--021

*****1800.00 ***1800.00**

Suite, Apt. #, Etc.

3rd FLOOR

City

ST. PETERSBURG

State
FL

Zip Code

33714

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara Patterson

Date **5-15-02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES/D	HOWARD A. MEDWICK	10033-9th St. No.	ST. PETERSBURG, FL 33714
VP/D	BARBARA J. PATTERSON	10033-9th St. No.	ST. PETERSBURG, FL 33714
Sec/D	HENRY J. TOMPKINS	10033-9th St. No.	ST. PETERSBURG, FL 33714
		1650.00 - Adm	
		61.25 - MRL	
		88.75 - Adm SUPP	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Barbara Patterson** **BARBARA PATTERSON** **5-14-02** **727-577-9960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)